Take the State

Committee Name (print)

Contributions in Excess of $100 or, When Added Together Exceed $100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK ✓ IF LOAN	CHECK ✓ IF IN KIND
Theodore Foller P O Box 9223 Incline Village NV 89452	9-24-00	500 ──		
Dean S. Merling 863 Lakeshore Blvd Incline Village NV 89451	9-19-00	1,000 ──		
Clark Hestmark P.O. Box 7960 Incline Village NV 89452	9-18-00	500 ──		
G. Croom 857 Lakeshore Dr Incline Village NV 89451	9-6-00	500 ──		

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Jake the State

Committee Name (print)

Contributions of $100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
9-15-00	25 ⁻	9-29-00	1 ⁻
9-15-00	20 ⁻		
9-16-00	20 ⁻		
9-19-00	50 ⁻		
9-18-00	50 ⁻		
9-18-00	50 ⁻		
9-5-00	100 ⁻		
9-9-00	30 ⁻		
9-10-00	100 ⁻		
9-11-00	100 ⁻		
9-25-00	25 ⁻		
9-25-00	50 ⁻		
9-22-00	100 ⁻		
9-21-00	100 ⁻		
9-22-00	100 ⁻		
9-22-00	25 ⁻		
9-30-00	10 ⁻		
10-3-00	25 ⁻		
10-2-00	100 ⁻		
10-2-00	100 ⁻		
9-29-00	100 ⁻		
9-27-00	100 ⁻		
10-10-00	25 ⁻		

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Jake the State

Committee Name (print)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	0
Expenses related to volunteers	B	0
Expenses related to travel	C	0
Expenses related to advertising	D	0
Expenses related to paid staff	E	0
Expenses related to consultants	F	0
Expenses related to polling	G	0
Expenses related to special events	H	0
Goods and services provided in kind for which money would otherwise have been paid	I	0
Other miscellaneous expenses	J	0

Committee Name (print): _Jake the State_

Expenses in Excess of $100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
			0

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Take the State

Committee Name (print)

Expenses of $100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
	0			0	

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